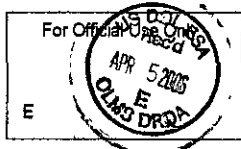


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <b>9793</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2005</b> Through: <b>12 / 31 / 2005</b>
3. Name and address of person filing. Name <b>Charles E Seaton</b> P.O. Box, Bldg., Room No., if any Street <b>8000 Masonboro Sd Rd</b> City <b>Wilmington</b> State <b>NC</b> ZIP Code + 4 <b>28409</b>	4. Name, file number, and address of labor organization. Name <b>International Longshoreman Association LOCAL 1766</b> Labor Organization File Number <b>LM 010-470</b> P.O. Box, Building and Room Number, if any Street <b>2122 BURNETT BLVD</b> City <b>Wilmington</b> State <b>NC</b> ZIP Code + 4 <b>28401</b>
5. Position in labor organization. <b>PRESIDENT</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

**Charles E Seaton**

On

**3/29/06**  
Date

**910 763-1778**

Telephone Number

Name of Person Filing <b>Charles Edward Seaton</b>	File Number U- <b>9793</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>INTERNATIONAL LONGSHOREMEN ASSOCIATION</b>  Trade Name, if any: <b>ILA LOCAL 1766</b>  P.O. Box, Bldg., Room No., if any  Street <b>2122 BURNETT BLVD</b>  City <b>WILMINGTON</b>  State <b>NC</b> ZIP Code + 4 <b>28401</b>	9. Business deals with: <b>Longshore Industry</b>  a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <b>Employers-ILA Pension, Welfare, &amp; Vacation Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street <b>PO Box 1116</b>  City <b>Wilmington</b>  State <b>NC</b> ZIP Code + 4 <b>28402</b>	11.a. Nature of such dealing: <b>TRAVEL REIMBURSEMENTS FOR INTERNATIONAL FOUNDATION ANNUAL EMPLOYEE BENEFITS CONFERENCE</b>  11.b. Approximate dollar value of such dealing. <b>2034.78</b>  12.a. Nature of interest held or income received. <b>TRAVEL REIMBURSEMENTS FOR INTERNATIONAL FOUNDATION ANNUAL EMPLOYEE BENEFITS CONFERENCE</b>  12.b. Amount. <b>2034.78</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Employers-ILA Welfare Fund  
PURCHASE ANALYSIS BY GL ACCOUNT REPORT  
01/01/05 To 12/31/05

<u>ACCOUNT/DATE</u>	<u>TT</u>	<u>VENDOR</u>	<u>REF NO</u>	<u>AMOUNT</u>
6540-00 Travel/Reimbursements				
03/10/05	VI	CHARLES SEATON	REIMB	59.78dr
10/27/05	VI	CHARLES SEATON	HAWAII	1,975.00dr
Total for 6540-00 Travel/Reimbursements :				2,034.78dr
GRAND TOTAL PURCHASES:				2,034.78dr
				=====

File U-9793  
Local Union # LM 010-470